



FILED

FEB 20 2018

CLERK U.S. DISTRICT COURT
NEWPORT NEWS, VA

COMMONWEALTH of VIRGINIA

Department of Corrections

BERNARD W. BOOKER
WARDEN

POST OFFICE BOX 430
DILLWYN, VIRGINIA 23936-0430
TELEPHONE: 434/983-4400
FAX: 434/983-4017

Buckingham Correctional Center

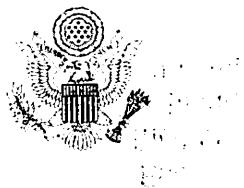
2/12/2018

To: United States District Court
Eastern District of Virginia

Enclosed please find original documents for Offender Leo Brandon Farnsworth #1024201. These documents have not yet been filled out; for the months needed for inmate accounts he was housed at Deep Meadow Correctional Center.

Steffanie Branch

Offender Trust Fiscal Technician
Accounting Dept.
Buckingham Correctional Center
(434) 983-4439



United States District Court
Eastern District of Virginia
Walter E. Hoffman, U.S. Courthouse
600 Granby Street
Norfolk, Virginia 23510

Chambers of
Arenda L. Wright Allen
United States District Judge

RECEIVED

FEB 06 2018

BUSINESS OFFICE

Telephone (757) 222-7013

Fax (757) 222-7064

February 1, 2018

Inmate Financial Accounts Officer
Buckingham Correctional Center
P.O. Box 430
1349 Correctional Center Road
Dillwyn, Virginia 23936

**Re: Leo Brandon Farnsworth, Inmate No.: 1024201
Action No. 2:17cv455**

Dear Officer:

Enclosed please find an inmate account form. In order that we may process the civil action filed by the above inmate, please promptly complete the form for the indicated portion of time this inmate was incarcerated in your institution. Upon completion, please return the form to the following address:

Clerk, U. S. District Court
U. S. Courthouse
2400 West Avenue
Newport News, VA 23607

Thank you for your assistance.

Sincerely,

Staff Attorney

Enclosure

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
NORFOLK DIVISION**

INMATE ACCOUNT REPORT

The inmate named below submitted a civil action on August 25, 2017. Pursuant to 28 U.S.C. § 1915(b)(1), the Court must assess an initial partial filing fee based on the greater of the inmate's average deposits or the average monthly balance for the six months preceding the submission of the Complaint.

Inmate Name: **Leo Brandon Farnsworth** Inmate No.: **1024201**

Action Number: **2:17cv455**

Time Period: **February 25—August 25, 2017**

Place of Incarceration: **Buckingham Correctional Center**

To be completed by correctional facility as soon as possible upon receipt:

Beginning Balance _____ Date: _____

Withdrawals _____

Deposits _____

Ending Balance _____ Date: _____

Average Monthly Balance for the above period _____ (if available)

Balance in the account as of today's date _____

If inmate was transferred to another institution, please indicate the amount of funds transferred and to which institution:

Amount _____ Institution _____

By: _____ Date: _____
(signature and title of officer)

Please return form to the Clerk, Eastern District of Virginia, 2400 West Avenue, Newport News, VA 23607